

# MEDICAL ASSISTANCE OUTREACH MATERIALS ORDER FORM

To Order, Call SUI (Jessup) at 410-799-1940 or 1-800-626-4980 - OR - Fax 410-799-1370 (M-F 8 AM - 5P)

Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## MATERIALS

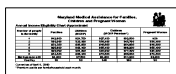
| Item | Quantity | SUI# |
|------|----------|------|
|------|----------|------|



|  |  |        |
|--|--|--------|
| * Affordable Health Services and Care in Maryland brochure (English) |  | CH030  |
| * Affordable Health Services and Care in Maryland brochure (Spanish) |  | CH030A |



|  |  |        |
|--|--|--------|
| * Maryland Children's Health Insurance Program (MCHP) brochure (English) |  | CH031  |
| * Maryland Children's Health Insurance Program (MCHP) brochure (Spanish) |  | CH031A |



|  |  |        |
|--|--|--------|
| * Medical Assistance for Families Income Insert Card (English) |  | CH032  |
| * Medical Assistance for Families Income Insert Card (Spanish) |  | CH032A |



|                                     |  |        |
|-------------------------------------|--|--------|
| Medical Assistance Poster (English) |  | CH033  |
| Medical Assistance Poster (Spanish) |  | CH033A |



|   |  |        |
|---|--|--------|
| * Primary Adult Care (PAC) brochure (English) |  | HC026  |
| * Primary Adult Care (PAC) brochure (Spanish) |  | HC026A |



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|--|--|--|
| <b>Medical Assistance Applications are not stored in the SUI warehouse.</b>  |  |  |
| If you need to order Medical Assistance applications, fax your request to the DHR warehouse at 410-333-0643. You must include your name, organization, mailing address, telephone number, item and quantity on your request. |  |  |

4/28/10 - Order form has been updated to list stock items only. Order form subject to change.